Low-Income Telephone Assistance Programs

Link-Up

Link-Up is a plan that assists qualified lowincome lowans in obtaining basic telephone service by providing:

- Reduced connection charges for basic phone service by 50 percent or \$30, whichever is less.
- Deferred payment of connection charges, without interest.

Lifeline

Lifeline is a plan that assists qualified lowincome lowans by providing a monthly reduction on their telephone bill. This reduction varies by service provider and can range up to \$10. Please contact your local telephone provider for details.

Questions?

Call your local telephone provider.

NOTE:

Low-income telephone assistance <u>does not</u> cover the cost of a telephone or the cost of wiring inside your home.

Eligibility Requirements

To be eligible for assistance in either, or both of the programs, you must meet income-based criterion currently defined as at or below 135 percent of the Federal Poverty Guidelines **OR** participate in at least one of the following:

- Medicaid
- Food Stamps
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance
- Low-Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance to Needy Families Program (TANF)
- National School Lunch Program (NSL)

To receive either or both of the Low-Income Telephone Assistance Programs:

- Complete the certification form on the other side of this brochure and return it to your local telephone company's business office. This address can be found in your local telephone directory.
- 2. If you receive an eligibility verification form, complete and return it to your local telephone company within 30 days. Verification forms are mailed to randomly selected subscribers every year. Your telephone company may suspend your eligibility for low-income assistance if you do not return the form.

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Revised: April 2007



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Sponsored by:

Iowa Telecommunications Association Iowa Utilities Board Rural Iowa Independent Telephone Assoc. Your Local Telephone Company

Link-up and Lifeline Assistance Certification

(Please print)

Name:				
A alabasas.	(Last)	(First)	(Middle)	
Address:	(Ctroot)	(C:t. t)	(Ctata)	(7in)
	(Street)	(City)	(State)	(Zip)
Phone number	where you may be	reached or receive me	essages:	
Please answer	the following ques	tions (indicate by check	(mark):	
1. By filling out	this certification fo	rm, I (the applicant) red	quest:	
	Low-income telephone connection assistance (Link-Up) and/or			
	Low-income	e monthly telephone bil	l assistance (Lifeline)	
Have you previously received telephone <u>connection</u> (Link-Up) assistance at the above address? Yes No				
If the ansv	wer is "yes," you ar	e not eligible to receive	telephone <u>connection</u> (Link-l	Jp) assistance.
3. Are you currently participating in any of the following programs:				
Medicaid (e.g. Title XIX/Medical, State Supplemental Assistance)			e)	
	Food Stamps			
		tal Security Income (SS		
		olic Housing Assistance		
			ance Program (LIHEAP)	
-		· · · · · · · · · · · · · · · · · · ·	amilies Program (TANF)	
	National Sc	hool Lunch Program (N	ISL) Free Lunch Program; OF	₹
	If yes, how	me at or below 135 per many persons are in yo income may be require		Guidelines?
agree to notify i	my telecommunica	tions provider if I cease	t constitute immediate accept to participate in any of the pu 5 percent of the Federal Pove	ublic assistance programs I
			true. I have read the informa eceive assistance from these	
Signature:			Da	ate:

Prompt return of this certification form to your local telephone provider is necessary to ensure proper credits to your account.

Certified low-income telephone assistance subscribers who receive an eligibility verification form from their local telephone company must return that form to their telephone company within 30 days to ensure the continuation of assistance benefits.